Forsyth Tobacco Products

Pricing Restructure Agreement

Effective with shipments beginning _____, 1996, I hereby authorize Forsyth Tobacco Products to increase my Off-Invoice amount or the equivalent thereof on _____ to $2.00 per carton.

(Private Label Brand)

I understand by doing so, my Alliance Accrual and/or Monthly Rebate will be reduced accordingly. This change in no way affects the Share of Category program I may qualify for.

Account Name: _____

(Please Print)

Customer Service Number: 999 ___ ___ ___ ___

Authorized Account Signature: _____

RJR Representative Name: _____

(Please Print)

Division Number: _____

FAX TO: 1-910-741-2156

ATTENTION: Forsyth Tobacco Customer Services

To Be Filled In By Customer Services Confirming Effective O/I Change Date

Confirmed Effective Ship Date ___

Customer Services Rep _____

Customer Services Rep Extension _____

51843 7854

Source: https://www.industrydocuments.ucsf.edu/docs/msvp0000